

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/492709
APPLICANT(S) _____

FILING DATE 1-27-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/		/		
2		/					52	/			/		
3		/					53		/		/		
4		/					54	/			/		
5	/						55		/		/		
6		/					56		/		/		
7		/					57		/		/		
8	/						58		/		/		
9		/					59		/		/		
10		/					60		/		/		
11	/						61		/		/		
12	/						62		/		/		
13		/					63		/		/		
14	/						64		/		/		
15	/						65		/		/		
16		/					66	/			/		
17	/						67	/			/		
18	/						68	/			/		
19		/					69		/		/		
20	/						70		/		/		
21		/					71		/		/		
22	/						72		/		/		
23	/						73		/		/		
24		/					74		/		/		
25		/					75		/		/		
26		/					76		/		/		
27		/					77		/		/		
28		/					78		/		/		
29		/					79	/			/		
30		/					80		/		/		
31	/						81		/		/		
32		/					82		/		/		
33		/					83		/		/		
34		/					84		/		/		
35	/						85	/			/		
36		/					86		/		/		
37		/					87		/		/		
38		/					88		/		/		
39		/					89		/		/		
40		/					90		/		/		
41		/					91		/		/		
42		/					92		/		/		
43		/					93		/		/		
44		/					94		/		/		
45		/					95		/		/		
46		/					96	/			/		
47		/					97		/		/		
48	/						98		/		/		
49		/					99		/		/		
50		/					100		/		/		
TOTAL IND.	29						TOTAL IND.						
TOTAL DEP.	88						TOTAL DEP.						
TOTAL CLAIMS	117						TOTAL CLAIMS						